



57461

## Inventory of Drug Use Consequences (InDUC; Lifetime and Recent)

PID# RPN# Date  /  / Interviewer: Site: 

Instructions:

Total InDUC scores:  lifetime  recent

Here are a number of events that people sometimes experience in relation to their use of alcohol and other drugs. Listen to each one carefully and indicate whether this has ever happened to you. If it has happened to you, indicate how often each one has happened to you during the past three months by darkening the appropriate bubble (0 = never, 1 = once or a few times, 2 = once or twice a week, 3 = daily or almost daily). If an item does not apply to you, fill in never (0).

Ever happened

How often has it happened in  
the last three months?

No

Yes

Never

Once or a  
few timesOnce or  
twice per  
weekDaily or  
almost  
daily

1. I have had a hangover or felt bad after drinking or using drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have felt bad about myself because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My family or friends have worried or complained about my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My ability to be a good parent has been harmed by my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. After drinking or using drugs, I have had trouble with sleeping, staying asleep, or nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have driven a motor vehicle while under the influence of alcohol or other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Drinking or using one drug has caused me to use other drugs more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have been sick and vomited after drinking or using drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have been unhappy because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Because of my drinking or drug use, I have lost weight or not eaten properly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have failed to do what is expected of me because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have felt guilty or ashamed because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. While drinking or using drugs I have said or done embarrassing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



57461

**InDUC** *continued*

	Ever happened		How often has it happened in the last three months?			
	No	Yes	Never	Once or a few times	Once or twice per week	Daily or almost daily
14. When drinking or using drugs my personality has changed for the worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I have taken foolish risks when I have been drinking or using other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have gotten into trouble because of drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. While drinking or using drugs, I have said harsh or cruel things to someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When drinking or using drugs, I have done impulsive things that I regretted later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I have gotten into a physical fight while drinking or using drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My physical health has been harmed by my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I have had money problems because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. My marriage or love relationship has been harmed by my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. My physical appearance has been harmed by my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My family has been hurt by my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I have spent time in jail or prison because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. My sex life has suffered because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I lost interest in activities and hobbies because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Because of my drinking or drug use, I have not had the kind of life that I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I have spent too much or lost a lot of money because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I have been arrested for driving under the influence of alcohol or other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I have been arrested for other offenses (besides driving under the influence) related to my drinking or other drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I have lost a friend because of my drinking or drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I have had an accident while using or under the influence of alcohol or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



57461

**InDUC** *continued***Ever happened****How often has it happened in  
the last three months?****No****Yes****Never****Once or a  
few times****Once or  
twice per  
week****Daily or  
almost  
daily**

34. While using or under the influence of alcohol or drugs, I have been physically hurt, injured, or burned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. While using or under the influence of alcohol or drugs, I have injured someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I have broken things or damaged property while using or under the influence of alcohol or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>